

The Federal FSA Program

Pre-Enrollment for 2005 Plan Year



Submission Form

If you are unable to enroll during the 2005 Open Season enrollment period due to circumstances beyond your control, you may submit a pre-enrollment for that will allow and authorize FSAFEDS to complete the enrollment process on your behalf.

Name:	
Address:	
Phone:	
Email:	
SSN:	
Agency:	
Control Number:	10779

☐ **Health Care Flexible Spending Account**

If you wish to enroll in the Health Care Flexible Spending Account, please indicate the amount you wish to contribute for the 2005 Plan Year. The maximum allowable annual election is \$4,000 and the minimum is \$250. By law, any amounts remaining in your Health Care Flexible Spending Account after the end of the Plan Year, for which valid claims have not been incurred, will be forfeited.

I wish to contribute \$_____ for the 2005 Plan Year.

You have the option of accelerating your allotments resulting in your annual election amount being split between a lesser number of pay periods. For example, if your annual election was \$2,600, you could have allotments made at a normal pace, being \$100 for 26 pay periods, or, you could opt to allot \$200 a week for 13 pay periods, etc. If you wish to take advantage of this option, simply indicate the number of pay periods below:

Yes! I would like to accelerate my allotments.

Please split my annual election between ____ number of pay periods.

☐ **Dependent Care Flexible Spending Account**

If you wish to enroll in the Dependent Care Flexible Spending Account, please indicate the amount you wish to contribute for the 2005 Plan Year. The maximum allowable annual election is \$5,000 (if married and filing taxes separately, the maximum is \$2,500) and the minimum is \$250. By law, any amounts remaining in your Dependent Care Flexible Spending Account after the end of the Plan Year, for which valid claims have not been incurred, will be forfeited.

I wish to contribute \$_____ for the 2005 Plan Year.

You have the option of accelerating your allotments resulting in your annual election amount being split between a lesser number of pay periods. For example, if your annual election was \$2,600, you could have allotments made at a normal pace, being \$100 for 26 pay periods, or, you could opt to allot \$200 a week for 13 pay periods, etc. If you wish to take advantage of this option, simply indicate the number of pay periods below:

Yes! I would like to accelerate my allotments.

Please split my annual election between ____ number of pay periods.

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☐ **Submitting Pre-Enrollment Form**

You may submit your pre-enrollment by calling or faxing FSAFEDS:

- **Phone:** 1-877-FSAFEDS (372-3337)*
- **Fax:** 1-502-267-2233

*If you enroll by phone, you still need to fax or mail this signed form to FSAFEDS to verify your election.

Please read the following carefully before you signing below:

- I am authorizing FSAFEDS to enter my 2005 Plan Year elections into the enrollment system on my behalf during Open Season due to the fact that extenuating circumstances prevent me from enrolling during Open Season.
- My compensation will be reduced by the amount I have elected under the Federal FSA Program, continuing for each pay date until this agreement is amended or terminated.
- I cannot change or revoke any of these elections as of any date after Open Season ends, unless I experience a Qualified Status Change (for example, marriage, divorce, add a new child through birth or adoption, death of spouse or a child, and other such events allowed under the Internal Revenue Code and this Plan) and my election change is caused by, and consistent with, the Qualified Status Change. No changes or enrollments, whether due to a Qualified Status Change or new hire eligibility, will be accepted after October 1 of any Plan Year.
- Any pre-tax elections I have made will reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be slightly decreased.
- Prior to the anniversary date (January 1) each year I will be offered the opportunity to add, change or stop my elections for the following Plan Year. If I wish to continue in one or both of the Flexible Spending Accounts during the FEHB/FSA Open Season, I must make an election each year or it will automatically stop.
- My allotment per pay date is my annual election divided by the number of remaining pay dates in the Plan Year 2005, unless I have indicated that I want to have the allotments taken at an accelerated rate.
- **I understand that I can only submit claims for reimbursement of eligible expenses for the 2005 Plan Year that are incurred on or after my effective date as shown on my confirmation statement, through December 31, 2005. Any amounts remaining in my Health Care Flexible Spending Account and/or my Dependent Care Flexible Spending Account after the end of the Plan Year, for which valid claims have not been incurred, will be forfeited. My agency does not have the authority to provide waivers for myself or any employee regarding funds that may be forfeited.**
- I must file all claims for the Plan Year no later than April 30 after the end of the Plan Year, December 31.

By signing below, I agree to the terms of participation set forth on the back of this form.

Signature

Date

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FSAFEDS Program • PO Box 36880 • Louisville, KY 40233-6880 • www.fsafeds.com

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